

STATE OF TEXAS
COUNTY OF TARRANT

IN THE MATTER OF
WHITE, ROBERT
(Injured Individual)

NOTICE OF HOSPITAL LIEN

Notice is hereby given that Tarrant Hospital District, a political subdivision of the State of Texas, maintaining a hospital known as John Peter Smith Hospital, whose address is 1500 South Main Street, Fort Worth, Texas 76104, that renders hospital services in the State of Texas, is entitled to and claims a lien under the terms and provisions of Texas Property code Annotated Section 55.001 (1983) for charges and expenses due now or incurred hereafter, for treatment, care and maintenance in the above mentioned hospital of ROBERT WHITE 35947647 06/04/2010 (name of injured individual), whose address is: 3875 HIGHWAY 279 BROWNWOOD, TX.76801 for injuries caused by an accident that is allegedly attributed to the negligence of UNKNOWN.

Said accident occurred on or about the 04 day of JUNE 2010, and hospital services were rendered to the injured individual in Tarrant County, Texas. The above injured individual was admitted to a hospital within seventy-two (72) hours after the accident causing the injury:

This lien attaches to:


- 1) a cause of action for damages arising from an injury for which the injured individual is admitted to the hospital;
- 2) a judgment of a court in this state of the decision of a public agency in a proceeding brought by the injured individual or by another person entitled to bring the suite in case of the death of the individual to recover damages arising from an injury for which the injured individual is admitted to the hospital; and
- 3) the proceeds of a settlement of a cause of action or a claim by the injured individual or another person entitled to make the claim arising from an injury for which the injured individual is admitted to the hospital.

This lien is for the amount of the above mentioned hospital's charges for services provided and to be provided to the injured individual during the first 100 days of the injured individual's hospitalization(s).

Dated this the 10 day of JUNE, 2010.

TARRANT COUNTY HOSPITAL DISTRICT

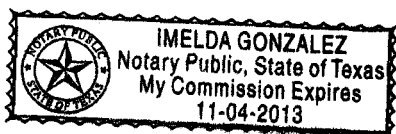
BY

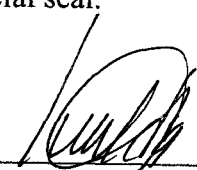

Special Billing Clerk

**STATE OF TEXAS
COUNTY OF TARRANT**

Before me, the undersigned authority, on this day, personally appeared MARIA RAMIREZ, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that the same was executed with the authority of the Tarrant County Hospital District, a political subdivision of the State of Texas, and that (s)he executed the same as the act of such political subdivision for the purpose and consideration therein expressed and in the capacity therein stated.

SUBSCRIBED AND SWORN TO BEFORE ME on this the 10 day of JUNE, 2010, to certify which witness my hand and official seal.





Notary Public in and for the State of Texas

IMELDA GONZALEZ
Printed or Typed Name

My Commission Expires: 11/04/2013

AFTER FILING, PLEASE RETURN TO:

**TARRANT COUNTY DISTRICT ATTORNEY'S OFFICE
HOSPITAL DISTRICT OFFICE
ATTENTION: MARIA RAMIREZ
1400 S. MAIN, STE. 300
FORT WORTH, TEXAS 76104**

SUZANNE HENDERSON

COUNTY CLERK



100 West Weatherford Fort Worth, TX 76196-0401

PHONE (817) 884-1195

TARRANT COUNTY D A'S OFFICE
1400 S MAIN STE 300
FT WORTH, TX 76104

Submitter: TARRANT COUNTY D A'S
OFFICE

DO NOT DESTROY
WARNING - THIS IS PART OF THE OFFICIAL RECORD.

Filed For Registration: 6/10/2010 3:07 PM

Instrument #: D210139483

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PGS

\$20.00

By: _____

Suzanne Henderson

D210139483

ANY PROVISION WHICH RESTRICTS THE SALE, RENTAL OR USE OF THE DESCRIBED REAL PROPERTY
BECAUSE OF COLOR OR RACE IS INVALID AND UNENFORCEABLE UNDER FEDERAL LAW.

Prepared by: VMMASSINGILL